



## **Course for Nursing Worksite Monitors** **Self-Paced Orientation Course**

### **Course Menu**

#### **Developed & Authored by**

South Dakota Board of Nursing ([www.state.sd.us/doh/nursing/index.htm](http://www.state.sd.us/doh/nursing/index.htm))

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#### **Getting Started**

Learners should complete all Course Materials in the order presented below. Navigation buttons are provided below allowing access to each section of the course. Following completion of a course section, you will be directed back to this Course Menu page to select your next section.

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##### **Module 4**

Return to Work Issues

##### **Evaluation**

Please evaluate this Course.  
Your comments and suggestions are welcome.

#### **Getting Help**

Winora.Robles@state.sd.us

Phone: (605) 362-2760

Monday – Friday 8:00 AM – 5:00 PM CT



## Course for Nursing Worksite Monitors

### Introduction

Substance Abuse problems among registered nurses are not uncommon. The American Nurses Association in 1984 estimated that 6-8% of registered nurses use either alcohol or drugs to an extent sufficient to impair their professional judgment. Researchers Trinkhoff and Storr (1999) published the results of the first empirical estimate of the number of registered nurses with substance abuse problems. They estimated that 6.4% of registered nurses have a history of substance abuse. With over 2.9 million nurses in this country, the issues related to substance abuse are a major concern to the profession of nursing and for the safety and protection of the public they serve. In 1996, the South Dakota Board of Nursing joined with other health related Regulatory Boards to create an assistance program for recovering health care professionals who recognize their illness.

**All participants in the HPAP program are required to have a monitor in the worksite in order to return to practice. Only nurse managers and supervisors are allowed to serve in the capacity of a worksite monitor.**

As a worksite monitor for this program, *you* are in a unique position to assist recovering nurses to remain in the workforce and to ensure patient safety through a program of close monitoring.



## **Course for Nursing Worksite Monitors**

### **Module 1. Overview of the South Dakota Health Professionals Assistance Program – A Multidisciplinary Program for Chemically Impaired Health Professionals**

#### **Module 1 Course Material**

Overview of the South Dakota Health Professionals Assistance Program  
– A Multidisciplinary Program for Chemically Impaired Health Professionals

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## **Course for Nursing Worksite Monitors**

### **Module 1. Overview of the South Dakota Health Professionals Assistance Program – A Multidisciplinary Program for Chemically Impaired Health Professionals**

#### **Basics of the Law**

The Health Professionals Assistance Program was created by the enactment of SDCL 36-2A titled Health Professionals Diversion Program during the 1996 Legislative session. To access the complete law, click here: <http://legis.state.sd.us/statutes/DisplayStatute.aspx?Type=Statute&Statute=36-2A>.

Participating	• Nursing
Licensing	• Dentistry
Boards	• Pharmacy
in	• Medical and Osteopathic Examiners
South Dakota	• Certification Board for Alcohol and Drug Professionals

Mike Coley, Program Developer



**A Diversion Program** is defined in law as a rehabilitative program designed and administered by program personnel which is available to participating health-related licensing boards in conjunction with, or as an alternative to, other sanctions which a health-related board may impose upon its licensee pursuant to disciplinary actions within its jurisdiction. South Dakota's diversion program is called the South Dakota Health Professionals Assistance Program.

### Application to the Program

The law designates that any applicant may access the diversion program by self-referral, board referral, or referral from another person or agency, such as an employee, co-worker, or family member. After admission evaluation, the diversion evaluation committee advises the applicant of:

- Program requirements,
- Implications of non-compliance with the diversion program, and
- Secures the cooperation of the applicant with the diversion program.

### Program Participant Records

All records of program participants are *confidential* and are not subject to discovery or subpoena. Only authorized program personnel and diversion evaluation committee members may have access to participant records *unless* the participant voluntarily provides *in writing* for release of information.

A participating licensing board may *only* access records of participating licensees:

- who were referred by that licensing board,
- who refused to cooperate with the program, or
- who were terminated from the program.



### Liability Issues

Pursuant to [SDCL 36-2A-13](#), any person, agency, institution, facility or organization making reports to the participating board or diversion program regarding an individual suspected of practicing while impaired or reports of a participant's progress or lack of progress in the diversion program is immune from all civil liability for submitting a report in good faith to the diversion program.

## Basics of the *SOUTH DAKOTA HEALTH PROFESSIONALS ASSISTANCE PROGRAM*

### Program Description

The State of South Dakota Health Professionals Assistance Program is a professionally staffed, confidential program designed to monitor the treatment and continuing care of regulated health professionals who may be unable to practice with reasonable skill and safety if their illness of Chemical Dependency is not appropriately managed. The program provides a non-disciplinary option for participating health licensing boards to deal with impaired regulated health professionals who recognize their illness and the need for continuing care and/or practice limitations.

### Mission

The South Dakota Health Professionals Assistance program is dedicated to enhancing public safety and support for regulated health care professionals by facilitating the *early intervention, treatment, and safe return to practice* of health professionals whose functioning is impaired by the use of alcohol and/or other drugs.

### Philosophy

The Health Professionals Assistance Program believes that the harmful involvement with alcohol and other drugs causes a negative effect on the physical, mental, social, vocational, intellectual, emotional, and spiritual areas of an individual's life. The Program recognizes that impaired health professionals are individuals who have dedicated their lives to helping others and are now in need of help, and acknowledges that facilitating the acquisition of this help must remain a primary goal of the Health Professionals Assistance Program. The Program follows a non-punitive approach in which the program staff works in conjunction with, or as an alternative to, other sanctions which a health related board may impose upon the individual health professional.

The Health Professionals Assistance Program acknowledges a primary concern for public safety. The Program attempts to ensure public safety by providing a voluntary, confidential alternative to those chemically impaired health professionals who might otherwise go undetected. Program staff recognizes that when the health professional denies a problem, necessary action must be taken for the protection of both the professional and those persons entrusted to his or her care.

## Objectives

The South Dakota Health Professionals Assistance Program strives to:

- Ensure public health and safety through a program that provides close monitoring of health professionals who are impaired due to chemical dependency.
- Provide a voluntary alternative to the traditional disciplinary process for individuals who meet eligibility requirements.
- Increase self-reports by regulated health care professionals who recognize how their illness has impacted or may impact ability to practice with reasonable skill and safety.
- Increase referrals by others regarding illness and illness related behavior.
- Establish timely practice restrictions in select cases that are related to illness, thus enhancing public protection.

## ADMISSION CRITERIA

A health professional may access the Program by self-referral, board referral, or referral from another person or agency, such as an employer, coworker, or family member.



*Admission is available to an individual who:*

- uses alcohol and/or drugs in a manner which may affect the ability to practice safely
- holds licensure as a health care professional from a participating board in South Dakota
- is eligible for and in the process of applying for licensure from a participating board in South Dakota
- has been accepted as a student in a program leading to licensure as a health care professional

## DENIAL OF ADMISSION

*Admission may be denied if the individual:*

- Is not eligible for licensure in the state of South Dakota;
- Diverted controlled substances for other than personal use;
- Creates too great a risk for the health care consumer by participating in the Program, as determined by program staff and the Evaluation Committee;
- Has problems related to sexual misconduct; or
- Has been terminated from this or another state diversion program for noncompliance with the program requirements.

The Program **will report** individuals who have been denied admission to the Health Professionals Assistance Program to the applicable participating board.

## TERMINATION CRITERIA

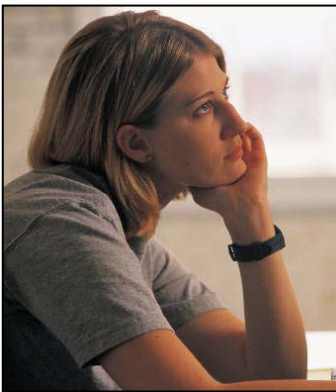
*The Program may terminate an individual's participation in the program based upon:*

- Successful completion of the program monitoring plan.
- Failure to cooperate or to comply with the program monitoring plan.
- If, during the individual's participation in the Program, the Program receives information indicating other possible violations of that individual's governing practice act.

## PROGRAM SERVICES

Health Professional Assistance Program develops an individualized Program Participation Agreement that monitors compliance of the chemically impaired professional to the prescribed program.

Monitoring can be facilitated in the following ways:



- ✓ Referrals for evaluation and/or treatment
- ✓ Documented continuing care plan
- ✓ Worksite Monitors
- ✓ Support Group Attendance
- ✓ Practice Restrictions
- ✓ Unscheduled Drug Screening
- ✓ Filing of Reports to Document Compliance
- ✓ Contract for Program Requirements

[Health Professionals Assistance Program Brochure](#)



## Eligibility

A health professional may access the Assistance Program by self-referral, board referral, or referral from another person or agency, such as an employer, coworker, or family member. Admission to the Health Professionals Assistance Program is available to individuals who, at the time of application:

- Hold licensure as a health care professional from a participating board in South Dakota;
- Are eligible for and in the process of applying for licensure from a participating board in the state of South Dakota;
- Accepted as a student in a program leading to licensure as a health care professional;
- Have not diverted controlled substances for other than personal use;
- Have not been accused of sexual misconduct;
- Have not been terminated from a similar program in this or another state for noncompliance; or
- Their continued practice does not create too great a risk for the health care consumer.



For Additional Information Contact:

**Health Professionals  
assistance program**

Maria Eining, Director  
Tel: (605) 310-2426  
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Sioux Falls SD 57108

## Health Professionals assistance program



A Multidisciplinary Diversion  
Program for Chemically  
Impaired Health Professionals

Participating Boards

Nursing  
Dentistry  
Pharmacy

Medical and Osteopathic Examiners  
Certification Board for Alcohol  
& Drug Professionals

# Health Professionals Assistance Program

The State of South Dakota Health Professionals Assistance Program provides a non-disciplinary option for participating health licensing boards to deal with impaired regulated health professionals who recognize their illness of Chemical Dependency and the need for continuing care and / or practice limitations. The program is confidential and professionally staffed to monitor the treatment and continuing care of regulated health professionals who may be unable to practice with reasonable skill and safety, if their illness is not appropriately managed.

## Program Services

The Health Professionals Assistance Program develops individualized Program Participation Agreements that monitor compliance of the chemically impaired professional to the prescribed program. Monitoring can be facilitated in the following ways:

- Referrals for evaluation and / or treatment
- Documented continuing care plan
- Work Site Monitors
- Support Group attendance
- Practice Restrictions
- Unscheduled Drug Screening
- Filing of Reports necessary to document compliance
- Contracts for Program Requirements

## Mission

The South Dakota Health Professionals Assistance Program is dedicated to enhancing public safety and support for regulated health professionals by facilitating the early intervention, treatment, and safe return to practice of health professionals whose functioning is impaired by the use of alcohol and / or other drugs.

## Philosophy

The Health Professionals Assistance Program believes that the harmful involvement with alcohol and other drugs causes a negative impact on the physical, mental, social, vocational, intellectual, emotional and spiritual areas of an individual's life. The Program recognizes that impaired health professionals are individuals who have dedicated their lives to helping others and are now in need of help; and acknowledges that facilitating the acquisition of this help must remain a primary goal of the Health Professionals Assistance Program. The Program follows a non-punitive approach, in which the program staff works in conjunction with, or as an alternative to, other sanctions which a health related board may impose upon the individual health professional.

The Health Professionals Assistance Program acknowledges a primary concern for public safety. The program attempts to ensure public safety by providing a voluntary, confidential alternative for those chemically impaired health professionals who might otherwise go undetected.



## **Course for Nursing Workforce Monitors**

### **Module 2. Recognizing the Signs of Chemical Dependency**

#### **Module 2 Course Material**

##### Module 2. Recognizing the Signs of Chemical Dependency

- [Stages of Chemical Dependency: Initiation, Escalation, Maintenance, Discontinuation & Relapse, Recovery](#)
- [Recognizing Impaired Practice – Behavioral Signs](#)
- [Signs that the Professional may be Diverting Drugs](#)
- [Responding to Suspected Substance Abuse in the Workplace](#)



## Course for Nursing Workforce Monitors

### Module 2. Recognizing the Signs of Chemical Dependency

#### I. Stages of Chemical Dependency

According to Coombs (1997), a noted expert in the field of drug-impaired professionals, addiction does not become full blown at first use. As a worksite monitor, it is important for you to understand that physical and psychological dependence evolve developmentally. The typical stages include initiation, escalation, maintenance, discontinuation, relapse, and recovery. The developmental stages as described by Coombs are as follows:

##### Initiation

*This stage involves three realities.*

- 1<sup>st</sup>** The first reality is *experimentation*, which typically begins in adolescence, often during the first years of college;
- 2<sup>nd</sup>** The second reality is that the experience is a *social one*; and
- 3<sup>rd</sup>** The third reality involves use of *gateway drugs* such as alcohol, marijuana, and tobacco, which typically precede use of hard drugs.



##### Escalation



This stage of addiction is characterized by increased use of and preoccupation with drugs, along with association with other drug users. This stage begins when drug use becomes more frequent. As in the initiation stage, drug use occurs primarily in *social* settings. This is the stage where physiological tolerance develops as favorable attitudes toward drug use develop. The drug escalation is a gradual process.

- At this stage, the user regards drinking and drugging as entirely normal behavior and a healthy recreational outlet.
- The drug user feels little or no concern about the drug use and how it may impact the future.
- The initiation stage taught the user that alcohol/other drugs relieve inhibitions and discomfort.
- During the escalation stage, drugs are used to seek social rewards. This stage is characterized by *social rewards greatly outweighing* the unpleasant consequences of using.
- Users in the escalation stage increasingly turn to chemicals for the psychological rewards of feeling *adequate, masking unhappy feelings, increasing energy and fostering feelings of success*.

## Maintenance

At this stage, addiction has occurred and all other life activities become secondary to drugs. Psychologically dependent addicts are preoccupied with and compulsively driven by drug use. Behaviors are often deceitful and aimed at covering up the problem. As tolerance for the drug increases, an addict shifts from drug use for feeling high to use for feeling normal.



- *Professionals who use drugs at this stage are not using them for recreation, but rather in order to function. Their life is focused on drugs and their professional activities shift to a primary means to get drugs.*

The maintenance stage is characterized by a change from the social context of drug use to solo use.

- *The professional becomes socially isolated because of the drug use from others.*

This state is also characterized by stashes, secrets, and cover-ups. Staying one step ahead of trouble becomes a way of life for the addict. The addict's lifestyle evolves through a sequence of seeking euphoria followed by a desire to just feel normal and, finally, a struggle to survive. Physical health deteriorates at the final phases of this stage and problems of withdrawal, desperation, and panic take over the addict's life.

## Discontinuation and Relapse

Professionals move from the maintenance stage to discontinuation through different events and circumstances which include:



- *Overdosing*
- *Exhaustion and despair*
- *Legal pressures*
- *Job pressure*
- *Pressure from family and friends*

It is at this point that many nurses are experiencing issues with the licensing board as well, and may find themselves facing disciplinary action. For some professionals, recognition of the problem and independent action lead to discontinuation. Relapse is included by Coombs (1997) in this stage of addiction, although he notes that some addicts relapse many times, and others bypass relapse altogether and remain clean and sober.



## Recovery

Recovery stage begins when an addict discontinues the use of drugs. Physical recovery occurs before emotional growth and recovery. Addicts who discontinue drug use have to learn healthy ways to deal with anguish and pain. Destructive habits must be replaced with healthy ones. Emotional growth comes from facing up to stressful events and consistently trying to improve. Many addicted professionals describe recovery as a spiritual awakening. As the addict recovers, family issues frequently mend and there are successes at work. Many addicts find a high level of support when they transition back to work and develop new associates and service opportunities.



## II. Recognizing Impaired Practice – Behavioral Signs

Diana Quinlan, (1999), Peer Assistance Educator and Consultant, writes that suspicion of chemical dependency should not be presumed by a single sign or symptom, but rather by *changes in behavior*. She suggests that because the career is so sacred to the health care professional and the workplace is often the place of drug procurement, evidence of the disease on the job indicates a late



stage of illness. Quinlan indicates that workplace problems are a last step in a downward spiral and perhaps one of the reasons that co-workers are so shocked when the illness is uncovered. She describes a “white coat syndrome” characterized by fear of punishment and fear that bad press will impact everyone, which perpetuates a code of silence that prevents professionals from receiving the help that they need to recover.

South Dakota Health Professionals Assistance Program has identified guidelines to assist employers of health care professionals in recognizing substance abuse in the workplace. These guidelines are divided into *pre-employment* and *employment* indicators.

### Pre-Employment Indicators

Chemical dependency should not be presumed by a single sign or symptom, but rather by *changes in behavior*.

- |   |  |
|---|--|
| • Numerous job changes in last 3-5 years    | • Inappropriate references                       |
| • Frequent relocations                      | • Inappropriate job qualifications               |
| • Frequent hospitalizations                 | • Tendency to prefer night shift duty            |
| • Elaborate and complicated medical history | • Reluctance to submit to a physical examination |
| • Unexplained time lapses in life           |  |

## Employment Indicators

### ✓ Absenteeism

- Leaving without permission
- Excessive sick leave
- Frequent Monday and/or Friday absences
- Repeated absences, particularly if they follow a pattern
- Lateness at work, especially on Monday mornings and/or returning from lunch
- Leaving work early
- Peculiar and increasingly unbelievable excuses for absences or lateness
- Absent more often than other employees for colds, flu, gastritis, etc.
- Frequent unscheduled short-term absences with or without medical explanation



### ✓ "On the Job" Absenteeism

- Continued absences from unit more than job requires
- Long coffee breaks, lunch breaks
- Repeated physical illness on the job
- Frequent trips to the bathroom
- Frequent coffee breaks taken alone

### ✓ Confusion

- Difficulty following instructions
- Increased difficulty handling complex assignments

### ✓ Uneven Work Patterns

- Alternate periods of high and low productivity
- Change from volunteering to work extra to doing only minimal work



### ✓ High Accident Rate

- Accidents on the job
- Accidents off the job which affect job performance
- Horseplay which causes unsafe conditions

### ✓ Problems with Memory

- Difficulty in recalling instructions, details, conversations
- Difficulty in recalling one's own mistakes

### ✓ Difficulty in Concentration

- Work requires greater effort
- Job takes more time
- Repeated mistakes due to inattention
- Making bad decisions or poor judgment
- Errors in charting, illogical or illegible entries
- Changes in handwriting
- Late entries for narcotics and other drugs
- Forgetfulness
- Increased number of medication errors

## Reporting to Work in Altered or Impaired Condition

### ✓ General Lowered Job Efficiency

- Missed deadlines
- Complaints from patients and their family members
- Improbable excuses for poor job performance
- Cannot be depended on to be where they say they will be or do what they say they will do – unreliable
- Shuns job assignments and/or incomplete assignments



### ✓ Poor Employee Relationships

- Failure to keep promises and unreasonable excuses for failing to keep promises
- Over-reaction to real or imagined criticism
- Borrowing money from co-workers
- Unreasonable resentments
- Avoidance of associates
- Lying and exaggerating
- Complaints from co-workers, supervisors, and other staff
- Blames others for problems

### ✓ Appearance

- Decreasing attention to personal appearance and hygiene
- Odor of alcohol on breath
- Glassy, red eyes
- Tremors
- Unsteady gait or slurred speech



### ✓ Other Behaviors

- Sleeping on the job
- Withdraws from others
- Mood swings
- Increased irritability
- Relates problems at home, with relationships, with finances
- Preference to work alone or eat alone
- Excessive use of breath mints
- May drink sodas frequently
- Frequently solicits physicians for "hallway prescriptions"
- Frequently visits ER for various physical problems requiring pain medications





### III. Signs that the Professional May be Diverting Drugs

- ☐ Always volunteers to give medications
- ☐ Patients complain of no pain relief from medications given
- ☐ Discrepancies on medication administration records
- ☐ Always gives IM PRN and maximum doses when other nurses do not
- ☐ Has frequent wastage, such as spilling drugs or breaking vials
- ☐ Unobserved wastage - no co-signature
- ☐ Is working on a unit where drugs are missing or have been tampered with
- ☐ Frequently volunteers for additional shifts and on unit when not assigned
- ☐ Excessive amount of narcotics sign out to patients
- ☐ Volunteering to care for patients who have regular pain medications
- ☐ Selected patients will only receive sleeping pills and narcotics when nurse is on duty
- ☐ Abnormal number of syringes used or missing
- ☐ Evidence of broken syringes in employee restroom
- ☐ Borrows narcotics from other units
- ☐ Narcotics signed off controlled substance record but not recorded on patient record

#### IV. Responding to Suspected Substance Abuse in the Workplace

The *goals* in identification of an impaired colleague are to assure the safety of those patients who have been entrusted to his or her care, to assist the nurse to gain treatment for the illness, and to eventually transition back to practice once the nurse has documented recovery. Quinlan (2003) identifies that documentation of performance and behavior of a suspected colleague is essential for the objective evaluation of the situation, as well as crucial to an effective resolution or intervention. Individuals in supervisory positions should be the person(s) confronting the chemically dependent nurse, since the supervisor has the authority to present the options of termination, reporting to the state board of nursing, and treatment intervention. Pullen and Green (1997) have reported that when given these choices, the nurse usually accepts intervention. *Nursing managers or supervisors should be involved when the nurse returns to work.*

*The South Dakota Health Professionals Assistance Program allows only  
**nursing managers and supervisors**  
to be the worksite monitor for a recovering nurse to return to practice.*

It is most helpful for all individuals involved if an institution has written policies and procedures in place to provide for a consistent approach to removing the impaired practitioner from the workplace and to set the parameters for possible return to practice. Miller (1997) recommends an **organizational plan** that:

- Emphasizes early identification, intervention, follow-up and re-entry into practice;
- Identifies skilled personnel to serve as consultants throughout the process;
- Provides educational programs for the nursing administration team, staff, hospital administration, and human resources personnel addressing the prevalence of chemical dependency and the need for a supportive environment.



## **Course for Nursing Worksite Monitors**

### **Module 3. Role of the Worksite Monitor**

#### **Module 3 Course Material**

##### Module 3. Role of the Worksite Monitor

- [Worksite Monitors](#)
- [Compliance Monitoring](#)
- [Unscheduled Drug Screens](#)
- [Participation Agreements](#)
- [Monitoring Plan](#)
- [Worksite Monitor Report Form](#)



## **Course for Nursing Workforce Monitors**

### **Module 3. Role of the Worksite Monitor**

#### **Worksite Monitors**

All participants in the Health Professionals Assistance Program (HPAP) are required to have a monitor at the worksite in order to return to practice. The individual participant is responsible for informing the employer of his or her HPAP participation and for identifying a person to serve as the worksite monitor. Monitoring at the place of employment is required in order to return to practice.

#### ***Worksite Monitor Qualifications***

<ul style="list-style-type: none"><li><i>Manager or Supervisor to whom individual is accountable</i></li></ul>	<ul style="list-style-type: none"><li><i>Monitor may not be an employee of or supervised by the HPAP participant or share in any fiduciary responsibility with the participant</i></li></ul>
<ul style="list-style-type: none"><li><i>Time available to participate in program</i></li></ul>	<ul style="list-style-type: none"><li><i>If Monitor is also recovering from the illness of chemical dependency, Monitor must have a minimum of <b>2 years</b> of sobriety</i></li></ul>
<ul style="list-style-type: none"><li><i>Preferably work same hours &amp; same location as participant</i></li></ul>	<ul style="list-style-type: none"><li><i>Complete monthly evaluation form documenting participant's work performance</i></li></ul>
<ul style="list-style-type: none"><li><i>Willing to monitor the work performance of the participant</i></li></ul>	<ul style="list-style-type: none"><li><i>Willing to communicate with the HPAP program director</i></li></ul>

#### ***Worksite Monitor Responsibilities***

- "Keep an eye out" for the HPAP Participant***
- Provide reports and documentation of progress, or lack of, to the HPAP Director, or to the appropriate Board if necessary***
- Identify when the HPAP Participant may be in danger of relapse***
- Help transition the nurse back into the environment***
- Recognize signs & symptoms of chemical abuse and when to intervene appropriately to safeguard patients***

## Compliance Monitoring

A major focus of the Health Professionals Assistance Program is monitoring the compliance of the chemically dependent professional to the prescribed treatment program. Monitoring can be facilitated in the following ways:

- Unscheduled drug screens
- Contracts for program requirements
- Worksite monitors
- Support Group Attendance
- Referral for treatment and continuing care
- Practice Restrictions
- Filing of reports necessary to document compliance

## Unscheduled Drug Screens



All HPAP participants are subject to unscheduled drug screens. Each participant is required to make a daily call to find out whether he or she has been selected that day for an unscheduled drug screen. If the participant is selected for the screen, a specimen is required to be submitted within 2-6 hours of the request. Failure to comply with the drug screening requirements may result in discharge from the program.

## Practice Limitations

In an effort to protect the safety of patients and to help prevent relapses, practice limitations may be established by the Health Professionals Assistance Program at any time. Examples of practice limitations are not having access to narcotics or other controlled substances or having supervision when administering controlled substances. Practice limitations may include specific units where a nurse may not practice, such as the Intensive Care Unit or the Emergency Room where access to drugs may pose a potential safety risk. Any practice limitations will be part of the monitoring plan and will be provided to the worksite monitor.

## Professional Support Groups

Professional support groups are an important part of the recovery plan and help the practitioner commit to a chemical-free lifestyle. Support groups which HPAP participants attend must:

- Believe in the total abstinence model of recovery and the twelve-step program principles
- Maintain participant confidentiality
- Have regularly scheduled meetings which are conducted by a qualified facilitator

The HPAP staff refer participants to support groups and monitor attendance at the meetings as a condition of participation in the HPAP program. The purpose of support group participation is to provide **strength, hope, and support** in addressing issues related to the process of recovery from chemical dependency.

## Participation Agreements



Each applicant who is accepted into the program will enter into an individualized program participation agreement within 60 days from the date of their application to the program. The purpose of the participation agreement is to provide a means of monitoring the treatment and continuing care of regulated health professionals who may be unable to practice with reasonable skill and safety if their illness of chemical dependency is not appropriately managed. The terms of the participation agreement are developed by the HPAP case manager in conjunction with the applicant, the evaluation committee, and other appropriate resources.

*The individualized participation agreement consists of the following components:*

- Demographic information
- Basis for the Agreement – Statement of diagnosis and source
- Standard conditions required in all agreements
- Illness specific conditions / monitoring requirements
- Modification terms
- Discharge Terms
- Board referred discharge
- Monitoring Plan
- Signatures

## Participation Agreement

State of South Dakota  
**Health Professionals Assistance Program**

**PARTICIPATION AGREEMENT**

**I. Identification**

**Name:**

**Address:**

**Home Telephone:**

**Primary Profession:**

**License Number/Student ID Number:**

**Worksite:**

**Address:**

**Work Telephone:**

## II. Standard Conditions

### A. I agree to:

1. identify to HPAP a mutually acceptable treatment/continuing care plan and qualified continuing care counselor who will monitor and/or manage all care consistent with my diagnosis. I agree to allow the continuing care counselor and Health Professionals Assistance Program to exchange information related to my recovery;
2. meet with continuing care counselor as prescribed in the treatment/continuing care plan. The continuing care counselor will provide, **at a minimum, quarterly reports** regarding treatment/continuing care and progress as related to my recovery;
3. meet with HPAP program staff or designee of the program to discuss treatment/continuing care plan **quarterly and/or upon request**;
4. provide to both the continuing care counselor and HPAP the name, address and telephone number of any other providers of care related to my recovery. I also authorize communication between all providers of care and HPAP staff as it relates to recovery or relapse potential; **Must provide a copy of this agreement to all treatment providers -**
5. provide a monthly self-report that describes the previous month's recovery activities, significant events, employment status or work issues and any alcohol or drug use, whether prescribed or over-the-counter. **These reports are to be in the HPAP office by the 7<sup>th</sup> of each month;**
6. identify a worksite monitor, prior to returning to practice or beginning new employment, including orientation. HPAP must receive confirmation from the employer that they are aware of the individual's participation in the program and of the facility and worksite monitor requirements, including the submission of **quarterly reports** regarding overall work performance;
7. inform the program of changes in employment/professional practice site and any change of personal address or phone number **within 48 hours**;
8. **pay a fee of \$400 per participating year**, and all other costs associated with physical, psychosocial, and other related evaluations, chemical dependency treatments and random drug screens, pursuant to SDCL 36-2A-10; and
9. **NOT COMMIT ANY VIOLATIONS OF LOCAL, STATE, AND FEDERAL LAWS OR RULES GOVERNING THE PRACTICE OF MY PROFESSION IN THIS OR ANY OTHER STATE WHERE PRACTICING.**
10. **NOT PRACTICE IN ANY STATE OR TERRITORY OF THE UNITED STATES EXCEPT SOUTH DAKOTA WITHOUT FIRST OBTAINING WRITTEN CONSENT FROM THE SOUTH DAKOTA LICENSING BOARD, THE SDHPAP, AND THE STATE LICENSING BOARD WHERE I AM REQUESTING TO PRACTICE.**

### B. While an active participant in this program:

1. **I AM RESPONSIBLE FOR TIMELY SUBMISSION OF ALL REQUIRED REPORTS; DISREGARD OF THE REPORTING TIME REQUIRMENTS MAY RESULT IN MY BEING DISCHARGED AND REPORTED TO THE BOARD FOR NONCOMPLIANCE.**
2. I may authorize release of information regarding enrollment, Participation Agreement, and monitoring data to any third party. This authorization must be in writing and specify what information is to be provided.

### C. If I have been mandated to participate in this program:

1. I understand that the program will submit progress reports to the Board quarterly or upon request.



### III. Illness Specific: Conditions/Monitoring Requirements

**A. I understand:**

1. that I am to abstain completely from the use of alcohol and other mood-altering chemicals unless they are lawfully prescribed or managed by a licensed healthcare professional who has been informed of my diagnosis and history. I agree to report any use of alcohol or non-prescribed mood-altering chemicals immediately to the licensed healthcare provider, HPAP and my treating professional; and
2. if I am prescribed or dispensed any medication by a licensed healthcare provider, I agree to cause the licensed healthcare provider prescribing the medication to complete a Medication Report form and return it to HPAP. The form includes the medication dose, any refills and why it was prescribed. I will report any prescription for pain, sleep or anxiety medication within in 24 hours of receiving the prescription.

**B. I agree to:**

1. refrain from prescribing any drug for myself or a member of my family/household;
2. respond to random drug screen selection within 8 hours of notification. I am responsible for all costs associated with collection/testing and understand I will be tested for duration of monitoring. *There will be a minimum of twelve (12) drug screens during the initial year of monitoring, frequency will be reviewed periodically.*
3. attend a self-help program, such as AA/NA, at a minimum of two meetings per week, or more frequently as specified in the continuing care plan developed by the treating professional. I will provide written documentation on a monthly basis regarding attendance;
4. to obtain a Twelve-Step program sponsor within three months of this date, and provide the HPAP with that person's first name and last initial. The sponsor is expected to submit quarterly reports as to the my participation in the recovery process;
5. upon completion of treatment and structured aftercare, or upon the treating professional's recommendation, I will attend a professional support group or other professional organization related to recovery twice a month for a minimum of twenty-four (24) months. The group facilitator will provide written documentation on a quarterly basis regarding my involvement. I will be responsible for all costs associated with professional support group attendance.
6. have no less than monthly contact with a treating professional for the duration of my participation in HPAP.
7. PRACTICE LIMITATIONS –

#### IV. Modifications of Terms

I understand that changes in terms of this agreement may be made by mutual written agreement between the program, and myself but if referred by a participating Board, will never be less than what is established in the Board Order. Such changes will be stated in an addendum to, or revision of, this Participation Agreement.

#### V. Successful-Discharge

- A. This agreement will remain in effect for a period of **FIVE YEARS**, unless the program staff/treating professionals establishes the need in writing for continued limitation and/or continued monitoring of my practice beyond that time.
- B. After a minimum term of **FIVE YEARS full compliance and successful completion of conditions**, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the agreement will be reviewed.
- C. If my participation is required by a Board Order, the agreement will remain in effect for the duration of that Order.

#### VI. Termination

I understand that failure to comply with the terms of this agreement shall result in referral to the appropriate licensing and/or regulatory Board, consistent with SDCL 36-2A-11, for investigation and possible disciplinary action.

This Participation Agreement signed between SDHPAP and myself is classified as private data, and will be provided directly to me, my continuing care counselor and my worksite monitor. My regulatory/licensing board may have access to this data if the Board referred or mandated my participation or if I am terminated from the program by HPAP. I may provide a copy of this document to any individual directly, but confirmation of compliance, etc., will be provided by the Health Professionals Assistance Program only upon my authorization. It may also be released to any other party to whom I authorize release in writing.

\_\_\_\_\_  
Participant (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

## Monitoring Plan

The purpose of the monitoring plan is to ensure that the health care professional is competent to practice and to provide for the safety of those individuals entrusted to their care.

Terms of the participation agreement will be incorporated into a **Monitoring Plan** which will be provided to the:

- **Participant**
- **Treating Professional/Physician**
- **Worksite Monitor, and**
- **Any third party the HPAP Participant designates in writing**

The **Monitoring Plan** incorporates all of the *conditions, limitations and terms* of each individualized participation agreement. Upon receipt of the signed participation agreement, the monitoring plan is developed by HPAP staff.

The monitoring plan includes recommendations for treatment and continuing care, worksite monitoring, practice restrictions, unscheduled drug testing, support group participation and filing of reports necessary to document compliance with the program. As a worksite monitor, you will be given a copy of the monitoring plan.

[Monitoring Plan.](#)

**STATE OF SOUTH DAKOTA  
HEALTH PROFESSIONALS ASSISTANCE PROGRAM  
MONITORING PLAN**

This Monitoring Plan is based on a signed Participation Agreement between HPAP and \_\_\_\_\_. The Monitoring Plan is classified as private data, and has been provided directly to the Participant and the treating professional/physician. The Participant's regulatory/licensing board may have access to this data if the Participant was referred by the Board, if the Participant refuses to cooperate with the Monitoring Plan, or if the Participant is terminated by HPAP. It will also be released to any other party to whom the Participant authorizes release in writing. The Participant may also provide a copy of this plan to any individual directly, but confirmation of compliance, etc., will be provided by the Health Professionals Assistance Program only upon written authorization of the Participant. This Agreement is based on an identified treatment focus of \_\_\_\_\_.

**I. STANDARD CONDITIONS**

**A. The Participant agrees to:**

1. Identify to HPAP a mutually acceptable treatment/continuing care plan and qualified treating professional/physician who will monitor and/or manage all care, consistent with participant's diagnosis. The Participant agrees to allow the treating professional/physician and the Health Professionals Assistance Program to exchange information related to Participant's illness;
2. Meet with treating professional/physician as prescribed in the treatment/continuing care plan. The treating professional/physician will provide at a **minimum, monthly reports** regarding treatment/continuing care and progress as related to Participant's diagnosis;
3. Meet with HPAP staff or designee of the Program to discuss the treatment/continuing care plan **quarterly and upon request**;
4. Provide to both the treating professional/physician and HPAP the name, address, telephone number of any other providers of care related to Participant's diagnosis. Participant also authorizes communication among all providers of care and HPAP staff as it relates to diagnosis;
5. Provide a written self-report **monthly**, summarizing efforts in addressing continuing care recommendations, employment issues, and future plans related to participant's practice;
6. Identify a work site monitor, who will provide an **initial work quality assessment and subsequent monthly reports** regarding overall work performance. This report will include, but not be limited to, record-keeping, punctuality, and professional demeanor to patients, colleagues, and other staff. Monitoring Plan will be provided directly to work site monitor;
7. Inform the Program of changes in employment/professional practice site **and** any change of personal address and phone number;
8. pay an initial participation fee and all other costs associated with physical, psychosocial, and other related evaluations, chemical dependency treatments, and unscheduled drug screens, pursuant to SDCL 36-2A-10; and
9. not commit any violations of local, state, or federal laws.

**B. While involved in this Program:**

1. Participant is responsible for the timely submission of all required reports, and;
2. Participant may authorize the release of information regarding enrollment, Monitoring Plan, and monitoring data to any third party. This authorization must be in writing and specify what information is to be provided.

**C. If Participant has been mandated by a Board for monitoring, consistent with a formal Board action, the Program will submit progress reports to the Board upon their request. The Monitoring Plan has incorporated Board specified terms, conditions, and monitoring requirements. The Program will report non-compliance to the Board.**

## II. ILLNESS SPECIFIC: CONDITIONS/MONITORING REQUIREMENTS

### A. Common Terms

1. Participant understands
  - a. That the continuing care plan includes abstinence from the use of alcohol and any other mood-altering chemicals, unless they are lawfully prescribed or managed by a treating professional/physician or dentist who has been informed of Participant's diagnosis and history. Participant agrees to report any use of alcohol or non-prescribed mood-altering chemicals immediately to the treating professional/physician and to HPAP; and
  - b. If the Participant is prescribed or dispensed any medication by a licensed practitioner, the individual agrees to request the practitioner prescribing the medication to complete a Medication Report form and return it to HPAP. The form will include the medication dose, any refills, and why it was prescribed.
2. Participant agrees to:
  - a. Refrain from prescribing any drug for themselves or member of their family/household;
  - b. Respond to unscheduled drug screens at the request of HPAP staff or designee. Participant agrees to collection and testing standards established by a Program designated laboratory. Participant will be responsible for all costs associated with collection procedures and required laboratory tests. There will be a **minimum of \_\_\_\_\_ drug screens per quarter;**
  - c. Attend a self-help program, such as AA or NA, in support of recovery at a **minimum of \_\_\_\_\_ meeting(s) per week** or more frequently as specified in the continuing care plan. Participant will provide written documentation on a **quarterly** basis regarding attendance;
  - d. To obtain a Twelve-Step program sponsor and provide the HPAP with that person's first name and last initial. The sponsor is expected to submit **quarterly** reports as to the Participant's participation in the recovery process; and
  - e. Attend a professional support group or professional organization related to recovery \_\_\_\_\_ or more frequently, as specified in the continuing care plan. The group facilitator will provide written documentation on a **quarterly** basis regarding Participant's involvement. Participant will be responsible for all costs associated with professional support group attendance.
- B. Individual Terms: Participant agrees to individual restrictions/conditions (will be stated here). For example, a practice restriction appropriate to the illness and stage of recovery will be established (i.e. no direct access to controlled substances).

**III. MODIFICATIONS OF TERMS:** Changes in terms of this Agreement may be made by mutual agreement between Participant and the Program, but if referred by a participating Board, will never be less than what is established in the written Board Order. Such changes will be stated in an addendum to, or revision of, this Monitoring Plan.

### IV. TERM – DISCHARGE

- A. This Agreement will remain in effect for a **minimum of \_\_\_\_\_** unless the treating professional/ physician establishes the need in writing for continued limitation and/or continued monitoring of Participant's practice beyond that time.
- B. After the minimum term, Participant may request, in writing, a discharge from the Program. The documentation of compliance with all terms and conditions of the Agreement will be reviewed.
- C. If referred by a participating Board, the Agreement will remain in effect for the duration of Participant's Board Order, which may be petitioned after \_\_\_\_\_.
- V. **BOARD REFERRED DISCHARGE:** Participant understands that failure to comply with the terms of this Agreement shall result in a report to the appropriate licensing and/or regulatory Board, consistent with SDCL 36-9A-11.

## **Worksite Monitor Report Form**

As a worksite monitor, you will provide monthly reports to Health Professionals Assistance Program that include an assessment of the overall work performance of the participant. You will be asked to provide information that includes work performance, record keeping, punctuality and professional demeanor to colleagues and other staff. The work quality assessment form includes a series of behaviors which describe unsatisfactory job performance and may help you to identify an individual who is at risk. You will be asked to assess the HPAP participant based on a series of behaviors and comment on the behaviors that you have marked as problematic. You will also be asked to describe the participant's strengths and areas needing improvement in his or her work performance.

[Worksite Monitor Report Form.](#)

SOUTH DAKOTA BOARD OF NURSING  
EMPLOYER WORK PERFORMANCE EVALUATION

Reporting Period From	To	
Licensee Name	RN <input type="checkbox"/> LPN <input type="checkbox"/>	License #
Employing Facility	Telephone	
Address	City	
State	Zip	
Date of Initial Employment		
POSITION	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN    Unit _____ <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Charge Nurse    Shift _____	
ATTENDANCE	Number of hours practiced since last reporting period _____ Number of days absent since last reporting period _____ Number of days tardy since last reporting period _____	
Explain reasons for absences and/or tardies:		

**PLEASE ANSWER THE FOLLOWING QUESTIONS AND EXPLAIN WHERE APPROPRIATE**

Has there been a change in position or responsibilities since the last reporting period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood altering chemicals, including alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To the best of your knowledge, do you believe the employee is fully adhering to your facility's rules, policies, procedures, and duties as outlined in his/her job description?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMENTS AND EXPLANATIONS		

### EVALUATION OF LICENSEE

S – SATISFACTORY

U – UNSATISFACTORY

FACTORS	S (√)	U (√)	COMMENTS
Adherence to Facility Policies and Procedures			
Assessment Skills			
Attendance/Punctuality			
Communication Skills			
Cooperation/Attitude			
Documentation Skills			
General Appearance			
Medication Administration			
Quality of Patient Care			
Supervision/Delegation			
Work Relationship with Coworkers			
Overall Performance			

### MEDICATION ADMINISTRATION

**IF THE NURSE ADMINISTERS CONTROLLED SUBSTANCES, ANSWER THE FOLLOWING QUESTIONS AND EXPLAIN WHERE APPROPRIATE**

(1) Is the number of controlled substances administered by this individual consistent with the usual number dispensed by the general staff group in this area of practice?		
(2) Have there been reports from patients that pain control medication has been ineffective?		
(3) Does medication documentation meet the standards of quality assurance of the facility?		
(4) Have there been discrepancies in the controlled substances counting records in work areas to which this individual has been assigned?		
If yes to #4, have these discrepancies occurred during the same shifts as the individual's duty hours?		
COMMENTS AND EXPLANATIONS		
Signature of Supervising Nurse		Title
Telephone Number		Date





## **Course for Nursing Workforce Monitors**

### **Module 4. Return to Work Issues**

## **Module 4 Course Material**

### Module 4. Return to Work Issues

- [Responsibilities of the HPAP Participant](#)
- [Responsibilities of the HPAP Program Director](#)
- [Board of Nursing Involvement](#)
- [Creating a Supportive Work Environment](#)
- [Relapse Prevention](#)
- [Resources for the Worksite Monitor](#)



## **Course for Nursing Workforce Monitors**

### **Module 4. Return to Work Issues**

#### **Responsibilities of the HPAP Participant**

- Informs employer of participation in the HPAP program
- Complies with all program requirements
- Secures a worksite monitor who is a supervisor or manager
- Informs HPAP Director of the worksite monitor's contact information
- Completes all required documentation
- Meets regularly with worksite monitor for feedback and support

#### **Responsibilities of the HPAP Program Director**

- Determines when the HPAP participant may return to work
- Contacts the worksite monitor and provides a copy of the participant's monitoring plan
- Explains any practice restrictions that are part of the monitoring plan
- Provides the monitor with monthly work performance reporting documents
- Serves as a resource to the worksite monitor and employing facility

#### **Board Involvement**

There are multiple routes for a health care professional to become involved with the South Dakota Health Professionals Assistance Program, one of which is by a mandate from the licensing Board. The Board of Nursing becomes involved when a complaint has been made regarding the performance and behavior of the nurse. An investigation is conducted and all due process requirements are followed. Disciplinary action may or may not be taken depending on the facts of the case. If a nurse is mandated into the HPAP program as a condition for licensure and is placed on probation, the Board will be monitoring the progress of the nurse. The HPAP program director submits quarterly reports to the Board indicating the nurse's compliance with all aspects of the program. Non-compliance with program requirements may result in disciplinary action including suspension of the nursing license until such time as the licensee can demonstrate good cause as to why the license should be returned. Factors that influence disciplinary action include, but are not limited to, diversion of drugs from the workplace, practicing under the influence of drugs, drug substitution or alteration, and any other actions that place the public at risk.

## Creating a Supportive Work Environment

Nurse Managers and Supervisors play a critical role in managing impairment issues in the workplace. As a worksite monitor, he or she must be knowledgeable, prepared, proactive, and compassionate to be most successful. In addition, managers should:

- ✓ Maintain current knowledge of addiction & recovery
- ✓ Set reasonable policies
- ✓ Keep a positive attitude for work environment
- ✓ Set clear limits that are mutually respectful and supportive
- ✓ Educate staff about signs of impaired practice



When a nurse is recovering from substance abuse, the support received from co-workers and supervisors can be crucial to returning to the work environment. The recovering nurse needs their support, understanding, and patience.

- *Physical recovery from addiction may last 6 to 24 months.*
- *Emotional recovery may last 5 years.*



Co-workers may have difficulty accepting the nurse returning to practice, and may experience:

- **Fear** that they may do the “wrong thing” which will hinder the nurse’s recovery
- **Denial** that one of their co-workers is an addict
- **Guilt** related to what they could have done to prevent the addiction
- **Resentment** because co-workers have extra work load due to the nurse’s practice restrictions

When resentment occurs, managers can assist the nurse’s co-workers to acknowledge their negative feelings and put them into perspective. Unresolved hostility can poison an entire unit. Managers may help by setting the tone; as nurses we must care enough to help colleagues struggling to overcome addiction.

**With collegial support and assistance,  
recovering nurses can return  
to nursing and contribute to the  
excellence of the nursing profession.**

There should be a clear policy (NCSBN, 2001) regarding the management of relapse and it should include areas of:

- **Identification**
- **Documentation**
- **Intervention**
- **Referral for fitness to practice**
- **Assessment/treatment**
- **Parameters for return to practice**

Written policies increase the likelihood that all nurses will be treated in a similar manner. In addition, policies protect the organization legally. Thompson, Handley, & Uhing-Nguyen (1997) identify that policies serve as a framework for intervention when impaired practice is suspected. The policy must be written from the philosophy of substance abuse with recognition of the fact that it is an illness requiring appropriate treatment. *All employees should be aware of this philosophy as it promotes an environment that encourages self-referral.*

*The authors break down policy development into three stages:*

- 1<sup>st</sup>** The first identifies resources
- 2<sup>nd</sup>** The second establishes a committee
- 3<sup>rd</sup>** The third educates task force members

*Components of the policy include:*

- **Prevention and early intervention**
- **Identification of impaired practice**
- **Intervention, evaluation and treatment**
- **Reentry into practice**

For years, health care employers have fired nurses who were suspected of substance abuse, usually based on poor performance or attendance. These nurses were often lost to the profession when they could have recovered with appropriate treatment. The 1990 Americans with Disabilities Act (ADA) prohibits discrimination in the workplace because of a disability and now protects nurses recovering from substance abuse. Legally, it is important to have a therapeutic and consistent approach to the recovering nurse. By providing guidelines for recognizing signs and symptoms and an assessment tool to facilitate the policy, nurse managers and worksite monitors can more effectively provide a supportive and caring environment for the recovering nurse and staff.

## Relapse Prevention

A participant experiencing relapse will be required to suspend practice for a period of time to facilitate a review/revision of the participation agreement. According to the policies of the HPAP program, **Relapse**:

- is the process of becoming so dysfunctional in sobriety that, unless interrupted, a return to the addictive use is a predictable outcome;
- is not a necessary and expected part of the recovery process; but
- may be part of the recovery process for some, and may even be the catalyst that allows an individual to finally understand the nature of addictive disease and move beyond denial.

As part of the monitoring plan, program participants agree to immediately **self-report** any use of alcohol or non-prescribed mood altering chemicals. **A positive drug screen is considered to be a relapse, as well as unexcused missed drug screens.** A relapse may result in a restructuring of the monitoring plan or termination from the program and referral to the Board of Nursing for disciplinary review.

Relapse is a part of chemical dependency and one of the biggest challenges for recovering nurses. Relapse is a process that occurs within the patient and manifests itself in a *progressive pattern of behavior* that reactivates the symptoms of the disease or creates related debilitating conditions in a person that has previously experienced remission from the illness (Gorski & Miller, 1982, pp. 21-22).

Recovery means a change of habits and acquiring new skills for the return to health.

- If the participant reverts to old behaviors, the worksite monitor should be aware that these behaviors signal that there are *disturbances* in thought processes, judgment, emotional reactions and a relapse may be imminent.
- The person may lose sight of the benefits of recovery and become self-absorbed in his/her addictive behavior.
- The person may become complacent with their program of recovery or may refuse to ask for help when it is needed.
- It is important to understand the relapse dynamic – *early identification and intervention are the best protection for the nurse's recovery, and therefore also for the patients entrusted to the nurse's care.*

The HPAP participant must identify the things that put him or her at risk for relapse and use the various recovery tools on an ongoing basis. Some common tools for the HPAP participant are:

- **Journaling recovery progress**
- **Meetings (Support Groups, AA)**
- **Reaching out to friends and family**
- **Prayer and meditation**
- **Reading recovery books and literature**
- **Plan of action when cravings or symptoms increase**
- **Relaxation techniques**

### **Resources for the Worksite Monitor**

- *Chemical Dependency Handbook* published by NCSBN. For details and how to purchase the book, go to: <https://www.ncsbn.org/246.htm>
- NCSBN Online Learning Module: *Confronting Colleague Chemical Dependency*. For details and how to enroll, go to: [www.learningext.com](http://www.learningext.com)
- Alcoholism and Substance Abuse program Branch of the Indian Health Service: <http://www.ihs.gov/>
- American Association of Nurse Anesthetists – Peer Assistance Directory: <http://www.aana.com/peer/directory.asp>
- Employee Assistance Professionals Association: <http://www.eapassn.org>

### **South Dakota Health Professionals Assistance Program**

## **Nursing Worksite Monitors Orientation Course Evaluation**

Thank you for participating in this Worksite Monitors Orientation Course Evaluation. To help us better meet the needs of future worksite monitors, we would appreciate your comments regarding the following questions. After completing the evaluation, please submit it to [Winora.Robles@state.sd.us](mailto:Winora.Robles@state.sd.us) at South Dakota Board of Nursing.

1. Describe your knowledge of the South Dakota Health Professionals Assistance Program prior to completion of the Orientation Program.
2. Provide a summary of how this course will assist you in your role as a Worksite Monitor for recovering nurses who are returning to practice.
3. What recommendations do you have for additional content to assist worksite monitors?
4. Please provide the length of time required for you to complete this course.
5. Provide your view of the recovering nurse returning to practice. Has your perception changed as a result of completion of this course?
6. How would you describe the ease of use for this course?
7. Other comments or suggestions for the orientation program.